

Government of the District of Columbia
Department of Health
Health Professional Licensing Administration



Board of Professional Counseling

SUPPLEMENTAL INFORMATION FORM

TO BE COMPLETED BY ALL APPLICANTS

Name: _____

Address: _____

Have you ever been censured or judged guilty of any unethical practices by a state or private license, certification board, or a professional organization of which you were a member? ____Yes ____No

If yes, explain below: